

# Health Form Cobham Girl Scouts

Child's Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Grade/Class \_\_\_\_\_

Parent(s) or Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

\_\_\_\_\_ Phone (M1) \_\_\_\_\_

\_\_\_\_\_ Phone (M2) \_\_\_\_\_

E-mail \_\_\_\_\_

Doctor \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency contact in the event I/we cannot be reached:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (H) \_\_\_\_\_

\_\_\_\_\_ Phone (M) \_\_\_\_\_

\_\_\_\_\_

Allergies (include foods, drugs, plants, animals):

Cause \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Cause \_\_\_\_\_ Reaction \_\_\_\_\_ Treatment \_\_\_\_\_

Medication(s) including inhalers and epi-pens:

\_\_\_\_\_

\_\_\_\_\_

Is there any other information we should know about this child's health?

\_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION:

This Health Form is correct so far as I know, and this child has permission to engage in all prescribed activities, except as noted by me. In case of emergency, I understand that every effort will be made to contact me as soon as possible. If I cannot be reached I hereby give permission for my child to receive medical attention. In any case, I request that measures be instituted without delay as the judgment of medical personnel dictates.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Parent/Guardian: